

APR 08 2005

FAX TRANSMISSION**DATE:** April 8, 2005**PTO IDENTIFIER:** Application Number 10/005,054
Patent Number**Inventor:** Andreas Werner Speitling**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
Raymond W. Augustin**PHONE:** (908) 518-6318**Attorney Dkt. #:** TRAUMA 3.0-349**PAGES (Including Cover Sheet):** 8**CONTENTS:** Supplemental Amendment
Amendment Transmittal

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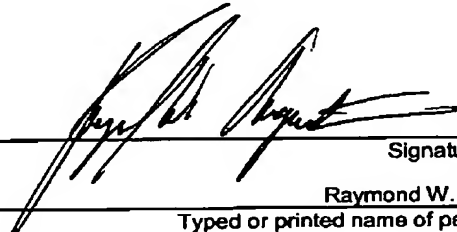
Application No. (if known): 10/005,054

Attorney Docket No.: TRAUMA 3.0-349

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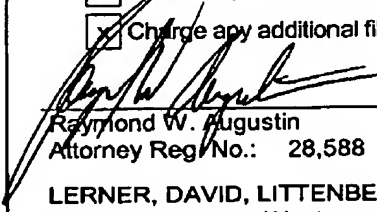
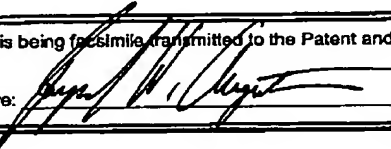
28,588
Registration Number, if applicable

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Supplemental Amendment
Amendment Transmittal

APR 08 2005

AMENDMENT TRANSMITTAL LETTER			Docket No. TRAUMA 3.0-349		
Application No. 10/005,054	Filing Date December 3, 2001	Examiner M. P. Young	Art Unit 1615		
Applicant(s): Andreas Werner Speilling					
Invention: DEVICE FOR USE WITH THERAPEUTIC OR SURGICAL INSTRUMENTS, IMPLANTS AND EQUIPMENTTHEREFOR					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 25 =		x	
Independent Claims	6	- 4 =	2	x 200.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					400.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-1095</u> in the amount of \$ <u>400.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Raymond W. Augustin Attorney Reg. No.: 28,588			Dated: <u>April 8, 2005</u>		
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6318					
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(Raymond W. Augustin)

Docket No.: TRAUMA 3.0-349
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Andreas Werner Speitling

Application No.: 10/005,054

Filed: December 3, 2001

Art Unit: 1615

For: DEVICE FOR USE WITH THERAPEUTIC OR
SURGICAL INSTRUMENTS, IMPLANTS
AND EQUIPMENT THEREFOR

Examiner: M. P. Young

SUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Further to the amendment filed on January 26, 2005 Applicant submits the following amendments and remarks.

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